

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$789.00, for dates of service 07/23/01 through 03/25/02.
- b. The request was received on 07/15/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Carrier was not notified of additional documentation as none was received from the Requestor. As of 09/19/02 no records were received per the Medical Dispute Resolution Information System. Therefore, all of the information in the case file will be reviewed and a decision will be written accordingly.

III. PARTIES' POSITIONS

1. Requestor:

There was no position statement found in the case file.
2. Respondent:

No response found in file.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 07/23/01 through 03/25/02.
2. The Provider billed the Carrier \$1,009.00 according to the submitted Table of Disputed Services, for the dates of service 07/23/01 through 03/25/02.
3. The Carrier made a total reimbursement of \$192.00 according to the submitted Table of Disputed Services, for the dates of service 07/23/01 through 03/25/02.
4. The amount left in dispute is \$789.00 according to the submitted Table of Disputed Services, for the dates of service 07/23/01 through 03/25/02.

V. RATIONALE

Medical Review Division's rationale:

The Provider did not submit any medical documentation as required by Rule 133.307 (g)(3)(B) to support that the services were rendered. The Medical Review Division is unable to determine what services were rendered. Therefore, additional reimbursement is **not** recommended for the dates of service 07/23/01 through 03/25/02.

The above Findings and Decision are hereby issued this 6th day of December 2002.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb